LIBRARY PASS PROGRAM

This Library Pass is:  ❑ NEW  ❑ A RENEWAL

LIBRARY INFORMATION

Contact Name ____________________________________________

Library Name ____________________________________________

County ____________________________________________

Address ____________________________________________

City __________________________ State __________ Zip ____________

Phone ____________________________________________

Email ____________________________________________

MEMBERSHIP TYPE

❑ $200 Library Pass
  Fully tax deductible

❑ $100 Additional Library Pass
  Fully tax deductible

PAYMENT

❑ Enclosed is my check made payable to the Museum of the American Revolution

For more information on the Library Pass program or to purchase your Library Pass online, please visit our website at: amrevmuseum.org/LibraryPass

Please return this completed form to:
Kevin Sims
Development Coordinator
ksims@amrevmuseum.org

OR

Museum of the American Revolution
101 South 3rd Street
Philadelphia, PA 19106